

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

P A R 0 0 0 0 1 1 7 0 0

## Name of Installation (Include company and specific site name)

J R L E N T E R P R I S E S I N C T R A N S I T D I V I S I O N

## ii. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1 2 0 0 L E B A N O N R O A D

Street (continued)

S O U T H H I L L S I N D U S T R I A L P A R K

City or Town

State

ZIP Code

W E S T M I F F L I N P A 1 5 1 2 2 -

County Code County Name

003 U S A A L L E G H E N Y

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

1 2 0 0 L E B A N O N R O A D

City or Town

State

ZIP Code

W E S T M I F F L I N P A 1 5 1 2 2 -

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

R O D R I G U E Z M I C H E L L E

Job Title

Phone Number (area code and number)

O F F I C E M A N A G E R 4 1 2 - 4 6 2 - 3 3 3 0

## VI. Installation Contact Address (See Instructions)

A. Contact Address  
Location Mailing

☒

B. Street or P.O. Box

1 2 0 0 L E B A N O N R O A D

City or Town

State

ZIP Code

W E S T M I F F L I N P A 1 5 1 2 2 -

## VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

J R L E N T E R P R I S E S I N C

Street, P.O. Box, or Route Number

1 2 0 0 L E B A N O N R O A D

City or Town

State

ZIP Code

W E S T M I F F L I N P A 1 5 1 2 2 -

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)  
Month Day Year

4 1 2 - 4 6 2 - 3 3 3 0 P P Yes X No 0 1 0 1 9 8

ID - For Official Use Only

**VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)**

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
<p>1. Generator (See instructions)</p> <p><input checked="" type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.)</p> <p><input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify _____</p>	<p><input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.</p> <p>4. Hazardous Waste Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Burner - Indicate device(s) - Type of Combustion Device</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p>	<p>1. Off-Specification Used Oil Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketer</p> <p><input type="checkbox"/> c. Burner - Indicate device(s) - Type of Combustion Device</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification</p>

**IX. Description of Regulated Wastes (Use additional sheets if necessary)**

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. EP Toxic (D000)	(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 D 0 0 6	2 D 0 3 9	3 D 0 4 0	4 D 0 0 8	5 D 0 1 8	6 D 0 2 7
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

**X. Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature <i>Michelle Rodriguez</i>	Name and Official Title (type or print) Michelle Rodriguez Office Manager	Date Signed 9-16-98
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**XI. Comments**

OPEN: AEG Transp Sys INC  
BAH/MS 9/23/98  
DM

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



## FAX COVER SHEET

DATE: ~~9-21-98~~ 9-22-98

TO: Marilyn

FAX NO: 215-814-3114

FROM: Kay Steffen

FAX NO: 412-462-4734

PHONE NO: 412-462-0644

RE: Subsequent Notification

NUMBER OF PAGES INCLUDING COVER SHEET (3)

Thanks for your help.

1-202-260-4300

412-462-3330 = not yet

~~not yet~~ 1:40

Thanks Again

K

~~9-23 905A not yet~~

Name Change, contact owner, Add codes

cy

RESOURCE CONSERVATION AND RECOVERY INFORMATION SYSTEM  
MAINTENANCE FORM FOR EPA NOTIFICATION

EPA-ID# 1 P1A1D1918121616101910141 Date: 11-5-93  
FACILITY NAME AEG Westinghouse Transporation Systems I

New Facility Name

Name Change AEG Transporation Systems INC

Location of Installation

Street Same

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County Code \_\_\_\_\_ County Name \_\_\_\_\_

Installation Mailing Address

Street Same

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Installation Contact

Last Name Brelloch Jr First Richard

Job Title \_\_\_\_\_ Phone # \_\_\_\_\_

Street \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Ownership

Name of Legal Owner AEG Transporation Systems INC

Street Same

City/Town Same State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Land Type P Owner Type P

Waste Codes

Delete Old Waste Codes

Add New Waste Codes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D002 D011  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Updated in RCRIS by RC Date 11/9/93

BB 11/10

Waste Activity	Type	RCRA Reg. Status	RCRA Reg. Desc.
Generator	_____	_____	_____
TSD	_____	_____	_____
Transporter	_____	_____	_____
Mode of Transportation:			
Air	Rail _____	Highway _____	Water _____ Other _____
Burner/Blender	B Boiler and/or Industrial Furnace (BIF) only. D BIF only; Smelter Deferral. E BIF only; Small Quantity Exemption claimed. N Not a Burner/Blender, Verified. X Other Burner/Blender Activity. Blank Unverified.		
HWF Market to Burner _____			
	X	Code indicates that the handler is a generator engaged in marketing to burners of hazardous waste fuel activities.	
		Blank No activity.	
HWF Other Market _____			
	X	Code indicates that the Handler is engaged in hazardous waste fuel marketing activities other than generator marketing to burner.	
HWF Burner _____			
	B	Boiler and/or Industrial Furnace.	
	X	Indication of activity.	
OSO Market to Burner _____			
	X	Code indicates that the handler is a generator engaged in marketing to burners of off-spec. used oil fuel.	
OSO Other Market _____			
	X	Code indicates that the Handler is engaged in marketing of off-spec. used oil fuel other than generator marketing to burner (e.g., marketing to used oil refinery).	
OSO Burner _____			
	B	Boiler and/or Industrial Furnace.	
	X	Indication of Activity.	
SO ACT: _____			
		Code indicating that the handler is engaged in marketing of specification fuel oil activities.	
	B	Boiler and/or Industrial Furnace.	
	X	Indication of Activity.	
Burner Types			
	Utility Boiler _____	Industrial Boiler _____	Ind. Furnace _____
Underground Injection Control _____			
	X	Code indicates that the Handler generates and/or treats, stores, or disposes of hazardous waste and has an injection well located at the installation.	
Recycler: _____			
	C	Commercial	
	R	Non-Commercial Recycler	
	N	Not a Recycler, Verified	
		Blank Not a recycler, unverified.	

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# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

P A D 9 8 2 6 6 0 9 0 4

## II. Name of Installation (Include company and specific site name)

A E G T R A N S P O R T A T I O N S Y S T E M S I N C

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1 5 0 1 L E B A N O N C H U R C H R O A D

Street (continued)

City or Town

State

ZIP Code

P I T T S B U R G H P A 1 5 2 3 6 - 1 4 9 1

County Code

County Name

A L L E G H E N Y C O U N T Y

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

S A M E

City or Town

State

ZIP Code

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

B R E L L O C H J R R I C H A R D

Job Title

Phone Number (area code and number)

A D M E N V & S A F E T Y 4 1 2 - 6 5 5 - 6 9 3 5

## VI. Installation Contact Address (See Instructions)

A. Contact Address  
Location Mailing

B. Street or P.O. Box

☒
☒

City or Town

State

ZIP Code

## VII. Ownership (See Instructions)

### A. Name of Installation's Legal Owner

A E G T R A N S P O R T A T I O N S Y S T E M S I N C

Street, P.O. Box, or Route Number

1 5 0 1 L E B A N O N C H U R C H R O A D

City or Town

State

ZIP Code

P I T T S B U R G H P A 1 5 2 3 6 - 1 4 9 1

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed) Month Day Year

4 1 2 - 6 5 5 - 5 8 3 3 P P Yes X No 0 8 3 1 9



ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
1. Generator (See Instructions)	3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.	1. Off-Specification Used Oil Fuel
<input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)	4. Hazardous Waste Fuel	<input type="checkbox"/> a. Generator Marketing to E
<input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.)	a. Generator Marketing to Burner	<input type="checkbox"/> b. Other Marketer
<input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	b. Other Marketers	<input type="checkbox"/> c. Burner - indicate device
2. Transporter (Indicate Mode in boxes 1-5 below)	c. Burner - indicate device(s) - Type of Combustion Device	Type of Combustion Dev
<input type="checkbox"/> a. For own waste only	1. Utility Boiler	<input type="checkbox"/> 1. Utility Boiler
<input type="checkbox"/> b. For commercial purposes	2. Industrial Boiler	<input type="checkbox"/> 2. Industrial Boiler
Mode of Transportation	3. Industrial Furnace	<input type="checkbox"/> 3. Industrial Furnace
<input type="checkbox"/> 1. Air	5. Underground Injection Control	2. Specification Used Oil Fuel M (or On-site Burner) Who First the Oil Meets the Specification
<input type="checkbox"/> 2. Rail		
<input type="checkbox"/> 3. Highway		
<input type="checkbox"/> 4. Water		
<input type="checkbox"/> 5. Other - specify		

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D000)	(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 D 0 0 1	2 F 0 0 2	3 F 0 0 3	4 F 0 0 5	5 D 0 1 1	6 D 0 0
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
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## X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in and all attached documents, and that based on my inquiry of those individuals immediately responsible obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

(EXECUTIVE VICE-PRESIDENT MANUFACTURING OPERATIONS)

Signature <i>Raymond T. Betler</i>	Name and Official Title (type or print) RAYMOND T. BETLER	Date Signed OCTOBER 28, 1993
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## XI. Comments

(Section VII Ownership) August 31, 1993 ended a five year joint venture. Name changed from AEG Westinghouse Transportation Systems, Inc. to AEG Transportation Systems, Inc.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



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### Comments

Installation's EPA ID Number

Approved

Date Received  
(yr. mo. day)

1. Name of Installation

## II. Installation Mailing Address

Street or P.O. Box

City or Town

## Stain

ZIP Code \_\_\_\_\_

### III. Location of Installation

Street or Route Number

City or Town

State

ZIP Code \_\_\_\_\_

#### IV. installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

### V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

#### A. Hazardous Waste Activity.

### B. Used Oil Fuel Activities

- VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

- ☐
- A. Utility Boiler
- ☐
- B. Industrial Boiler
- ☐
- C. Industrial Furnace

**VIII. Mode of Transportation** (*transporters only — enter "X" in the appropriate box(es)*)

- ☐
- A. Air
- ☐
- B. Rail
- ☐
- C. Highway
- ☐
- D. Water
- ☐
- E. Other (specify) \_\_\_\_\_

### **IX. First or Subsequent Notification**

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- EPA Form 8700-12 (Rev. 11-85) Previous edition is obsolete.**

Continue on reverse



ID — For Official Use Only

C  
W

T/

**X. Description of Hazardous Wastes (continued from front)****A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1 D001	2 F002	3 F003	4 F005	5	6
7	8	9	10	11	12

**B. Hazardous Wastes from Specific Sources.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

**C. Commercial Chemical Product Hazardous Wastes.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

**D. Listed Infectious Wastes.** Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
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**E. Characteristics of Nonlisted Hazardous Wastes.** Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous waste your installation handles. (See 40 CFR Parts 261.21 — 261.24)☒ 1. Ignitable  
(D001)☐ 2. Corrosive  
(D002)☐ 3. Reactive  
(D003)☐ 4. Toxic  
(D000)**XI. Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

x E. R. Guerdan

Name and Official Title (type or print)

x E. R. Guerdan Plant

Date Signed

8-11-89



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY**  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

†PAD982660904

INSTALLATION ADDRESS

GUERDAN EDWARD EGR  
AEG WESTINGHOUSE TRANS SYSTEMS  
1501 LEBANON CHURCH RD  
PITTSBURGH PA 15236

1501 LEBANON CHURCH RD  
PITTSBURGH PA 15236

596



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF REGULATED WASTE ACTIVITY  
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PAD982660904

INSTALLATION ADDRESS

AEG TRANSPORTATION SYSTEMS INC  
1501 LEBANON CHURCH RD  
PITTSBURGH, PA 15236  
RICHARD BRELOCH JR ADM ENV & SAFE  
1501 LEBANON CHURCH RD  
PITTSBURGH, PA 15236



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF REGULATED WASTE ACTIVITY  
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Biennial Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+ PAR000011700

10/14/98

INSTALLATION ADDRESS

JRL ENTERPRISES INC TRANSIT DIV  
1200 LEBANON RD SOUTH HILLS  
WEST MIFFLIN, PA 15122  
MICHELLE RODRIGUEZ OFFICE MGR

1200 LEBANON RD SOUTH HILLS  
WEST MIFFLIN, PA 15122